Electronic File Transfer
and
Magnetic Media Reporting

Reporting Quarterly Contribution and Wage Data

Contents

Introduction

Quarterly Contribution & Wage Report

The Missouri Employment Security law requires each liable employer to file a Quarterly Contribution and Wage Report. The report must show the worker's name, social security number and the amount of wages paid during a calendar quarter.

A pilot to file a report by electronic submission is planned for the first quarter of 2004. To be part of the pilot, please send an email with your account number, contact name and phone number to mo-ustar@dolir.mo.gov. Production is planned for July of 2004.

An employer may report on the Internet by completing a report or by electronic submission of a file. An employer may also magnetically report the contribution and/or wage data.

The Division of Employment Security promotes the reporting of quarterly contribution and wage data on the Internet or on magnetic media. This is a practical, accurate and convenient form of reporting quarterly wage data.

Internet and magnetic reporting eliminates unnecessary clerical errors and creates more consistent state records.

Regulation-Required Magnetic or Internet Reporting

Missouri statutes (section 288.130 RSMo) related to quarterly reporting of wage data was amended effective January 1, 1999.

Employers required to report W-2 copy A information on magnetic media to the Social Security Administration pursuant to 26 CFR Section 301.6011-2 or successor regulations are likewise required pursuant to section 288.090 to report quarterly wage information to the division on magnetic tape cartridge or diskette. Currently, this includes employers with 250 or more workers. Filing the Quarterly Contribution and Wage Report on the Internet will meet this requirement.

File Formats

The ICESA (Interstate Conference of Employment Security Agencies) format allows an employer to file the contribution and wage data. (ICESA is now known as the National Association of State Workforce Agencies.) Most states accept the ICESA format for unemployment insurance tax reporting.

The Social Security format (also known as Federal or MMREF format) allows an employer to supply information to more than one state or federal agency using the same format.

The Missouri and spreadsheet format allows an employer to supply wage information. These formats may not be accepted in other states.

File Formats Accepted - Internet

The Missouri, Social Security and ICESA formats are accepted to electronically file the Quarterly Contribution and Wage Report on the Internet.

File Formats Accepted- Magnetic

The ICESA, Social Security, Missouri, and spreadsheet formats may be used to report magnetically.

Glossary

For an explanation of acronyms and definitions, please refer to the glossary in the back of this book.

General Information

Test Media

All employers and payroll services interested in magnetically reporting wage data must submit a test tape cartridge or diskette prior to receiving permission to report magnetically. The test media verifies the file format is correct and division can read the data files. In addition, the test media verifies wages and the employer account number(s) is correct. Paper detail must be attached to quarterly reports until notified by the division the test media is approved. Test media cannot be submitted until a fourteen-digit employer account number is assigned.

The external label on the media should identify the information as, "For Test Purposes Only." Also it should contain the file name, employer account number, employer name, quarter and year and the logical record length of the test. The external label should also contain information whether or not the tape cartridge is internally labeled or non-labeled. (There is no internal label on a diskette).

The test must be accompanied by a letter which provides the name and telephone number of a contact person as well as the address to which the media is to be returned.

The test media will be edited to determine if it meets division specifications. If not, the test will be returned with a letter of explanation indicating which fields need to be corrected.

If the test media meets division specifications, the employer or payroll service will be granted permission to magnetically report the quarterly wage data. An approval letter will be sent with instructions for reporting procedures. Once approved for magnetic reporting, the media must be filed in the format tested.

Payroll Services

The division allows payroll services to submit quarterly contribution and wage reports and magnetically reported wage data for their clients. Wage data for multiple clients may be submitted on one tape cartridge or diskette. A test media, however, will be required before permission to magnetically report the clients' wage data is granted.

A payroll service may submit a tape cartridge or diskette and request the experience rates for their clients. After test media is approved, the division will provide the rate information to payroll services reporting wages for their clients magnetically.

A form MODES-4, Missouri Quarterly Contribution and Wage Report, is required for each client. In addition, a separate check for each client must be issued to pay the contributions due on each report. The check should be stapled to the report in the lower left corner. The reports must be batched in groups of forty-five.

A listing of all clients reported by the payroll service must be submitted with the batched reports and the magnetic media.

If the payroll service does not submit the quarterly contribution reports on or before the due date, the employer is responsible for any applicable interest or penalties resulting from late filing.

Social Security/MMREF/Federal Administration Specifications

Using the Social Security Administration's (SSA) publication on magnetic media reporting (MMREF-1) as a guideline, the Missouri Division of Employment Security will accept a code "RS" record for reporting wage information. See page 34.

Required Reports

● **Form MODES-4, Missouri Quarterly Contribution and Wage Report** – Employers or payroll services submitting wage data by magnetic media must continue to submit a completed form MODES-4 unless they are submitting data by the ICESA format shown on pages 16 through 26. Items "1" through

"14" should be completed on the form and the remittance should be stapled to the report.

- **Form MODES-4260, Transmittal of Quarterly Wages Reported on Magnetic Media** – Employers submitting wage data by magnetic media must submit a completed form MODES-4260. This alleviates any delays in the processing of the magnetic media.

- **Form BLS-3020, Multiple Worksite Report** – If applicable, a multiple worksite report may be returned in the package with the magnetic media.

Shipping Instructions

Employers and payroll services are responsible for the proper labeling, packaging and shipping of all tape cartridges and diskettes sent to the Division of Employment Security.

Quarterly contribution and wage reports filed magnetically are due the same date as reports filed by paper. Tape cartridges or diskettes and quarterly contribution and wage report forms must be submitted on or before the due date. The reporting due dates are:

Quarter	Due
First (Jan., Feb. and March)	April 30
Second (April, May and June)	July 31
Third (July, August and Sept.)	October 31
Fourth (Oct., Nov. and Dec.)	January 31

The package submitted to the division must include the following:

- The magnetic media with a properly affixed external label
- A completed form MODES-4260, Transmittal of Quarterly Wages Reported on Magnetic Media.
- A completed form MODES-4, Missouri Quarterly Contribution and Wage Report, and remittance for any taxes due.

The materials must be packaged adequately to assure safe mailing and be identified as a "Magnetic Cartridge" or "Magnetic Diskette". It is not necessary to use an oversized box for a tape cartridge or diskette. Specially-sized boxes for magnetic tape cartridges and special mailers for diskettes are available commercially. The package should be addressed to:

> Employer Accounts Unit
> Division of Employment Security
> 421 East Dunklin Street
> PO Box 59
> Jefferson City, MO 65104-0059

(It is recommended that transmitters retain a backup of their magnetic media file). After processing, the division will return tape cartridges to the address indicated on the Form MODES-4260. The division will destroy diskettes.

Incorrect Media

The division will return tape cartridges to the employer or payroll service for correction and resubmittal if it cannot be processed due to formatting or coding errors. An explanation of why it cannot be processed will be furnished.

The media must be corrected and returned to the division within ten working days after the date it is returned to the employer.

If the media cannot be corrected within ten working days, an explanation must be submitted to the Division of Employment Security.

Corrections

All adjustments or corrections to wage data previously reported on magnetic media must be made on form MODES-4A, Contribution and Wage Adjustment Report. Do not include negative or credit amounts on media.

The only exception would be if the entire wage data previously submitted is in error. If that is the case and upon prior approval from this division, a corrected media will be accepted to replace the incorrectly reported data. If the corrected media changes the summary total amounts on the contribution report, form MODES-4A, Contribution and Wage Adjustment Report, also must be completed.

When the corrections involve only the reporting of additional wages, a magnetic media may be submitted upon prior approval from this division. If the additional wage amounts change

the summary totals on the contribution report, then a form MODES-4A, Contribution and Wage Adjustment Report, must be completed.

Adjustment forms may be requested by calling (573) 751-3422 or by mailing the request to:

Employer Accounts Unit
Division of Employment Security
PO Box 59
Jefferson City, MO 65104-0059

Consolidated Files

Transmitters of unemployment insurance information are urged to minimize the number of files they submit when reporting information for multiple employers or for multiple work sites of a single employer.

Operating System

All 3½" diskettes must be created using an MS-DOS "double density" or "high density" operating system format.

If you do not have an MS-DOS operating system, you may still be able to create MS-DOS compatible diskette files. Some operating systems, e.g., UNIX, XENIX and APPLE, may have a DOS shell that can be used to create these files. Check your operating system manual.

For Additional Information

General Information:

Diane Nilges
Magnetic Media Supervisor
Division of Employment Security
421 East Dunklin Street
PO Box 59
Jefferson City, MO 65104-0059
(573) 751-3422   Fax (573) 751-7918

E-mail: Diane.Nilges@dolir.mo.gov

Sample Forms

This form is available on the Division's website at www.mouitax.com under Forms & Publications

Form MODES-4260
Transmittal of Quarterly Wages Reported on Magnetic Media

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
TRANSMITTAL OF QUARTERLY WAGES REPORTED ON MAGNETIC MEDIA

RETURN THIS FORM WITH MAGNETIC MEDIA AND QUARTERLY CONTRIBUTION REPORT WITH REMITTANCE TO:	**THE EXTERNAL LABEL ON MEDIA MUST INCLUDE:**
DIVISION OF EMPLOYMENT SECURITY ATTENTION: EMPLOYER ACCOUNTS UNIT/MAGNETIC MEDIA P.O. BOX 59, 421 E DUNKLIN STREET JEFFERSON CITY, MO 65104-0059 573-751-3422 **This form can be found on the Division's website: www.mouitax.com**	**Account Number(s)** **Employer Name(s)** **Quarter/Year** **Record Length** **File Name**

1. Employer Name	2. Quarter	3. Year

4. **Tape Format or Cartridge Format**	Record Length	Number of Tapes / Cartridges	Internal Label	Media Serial No.
	☐ 72	___ ___	☐ Yes ☐ No	_____
	☐ 275 *(ICESA format only)*	___ ___	☐ Yes ☐ No	_____
	☐ 512	___ ___	☐ Yes ☐ No	_____

6. **Diskette Format**	Record Length	Number of Diskettes	
	☐ 72		7. Total Number of Employers Reported
	☐ 275 *(ICESA format only)*	___	
	☐ 512	___	8. Total Number of Employees Reported
	☐ Excel	___	

Employer Summary Information

9. Missouri Employer Account Number	10. Number of Employees Reported	11. Missouri Employer Account Number	12. Number of Employees Reported

13. Mailing address for returning Magnetic Media

   Name:
   Address:
   City & State:

Contact name *(Please print)*	Date
Title	Phone Number

MODES-4260 (07-03) AI
Cont.

Form MODES-4A
Contribution & Wage Adjustment Report for Quarter Ending

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
P.O. Box 59, Jefferson City, MO 65104-0059

EAU ADJX
CASE ID _____

CONTRIBUTION & WAGE ADJUSTMENT REPORT FOR QUARTER ENDING _____

STATUTE OF LIMITATIONS
A claim for refund or credit must be filed within three years of the last timely filing date of the quarter being adjusted.

1. Employer Name and Address	2. Missouri Employer Account Number	3. Contribution Rate
	4. Reason for Claiming Adjustment **Note: Adjustment will not be accepted if this portion is not completed.**	

	A. Previously Reported for Quarter	B. Correct Totals	C. Difference - Over or Under-Reported	Audit Block AGENCY USE ONLY
5. Total Wages Paid				
6. Wages in Excess of $				
7. Taxable Wages				
8. Contributions Due				
9. Interest Due				
10. Total Payment Due				
11. Additional Amounts Due				
12. Credit Due				

Enter below **ONLY** those employees whose wages or Social Security Number are being corrected.
NOTE: If you are adjusting more than five (5) employees,
list the items on a separate page with the same format, including employer name and account number.

13. Worker's Social Security Number	14. First Initial	Middle Initial	Worker's Name Last	Total Wages Paid 15. As Reported	16. As Corrected	Audit Block AGENCY USE ONLY
17. TOTALS						
18. DIFFERENCES (+ or -)						

I certify that the foregoing information is true and correct to the best of my knowledge and belief.

19. Signature	Date
Title	Phone Number *(Area Code)*

(READ FOLLOWING INSTRUCTIONS)

MODES-4A (12-02) AI
Cont.

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Instructions for Preparation of Contribution and Wage Adjustment Report

This adjustment report is to be used for the purpose of adjusting summary total and wage data previously reported. A separate report is to be used for each quarter to be adjusted and for each separate account number assigned.

Enter at the top of form the ending date of the calendar quarter for which the report is being filed. It is recommended Items 13 through 18 be completed prior to completing Items 5 through 12.

1. Type or print employer's name and address.
2. Enter the 14-digit Missouri Division of Employment Security employer account number.
3. Enter the contribution rate for the calendar quarter.
4. Enter the full facts to support the claim for adjustment. As an example, do not say "reported in error" but explain why the wages were reported in error.
5, 6, 7, 8, 9 & 10. (See columns A, B & C below.) The first $7,500 in wages paid to a worker by an employer is taxable in 2003. The taxable wage ceiling for 2001 & 2002 was $7,000, and it was $7,500 for 2000.

Column A. Enter the totals previously reported on the employer's Quarterly Contribution and Wage Report, or latest Contribution and Wage Adjustment Report for the quarter.

Column B. Enter the correct totals which should have been reported for the quarter.

Column C. Enter the difference between Column A and Column B.

SAMPLE WORKSHEET FOR COMPUTING EXCESS WAGES (Sample based on $7,500)

Social Security Number	Name	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER		
		Total Wages for Quarter	Excess of $7,500	Taxable Wages	Total Wages for Quarter	Excess of $7,500	Taxable Wages	Total Wages for Quarter	Excess of $7,500	Taxable Wages	Total Wages for Quarter	Excess of $7,500	Taxable Wages
111-11-1111	John Doe	9500.00	2000.00	7500.00	9000.00	9000.00	-0-	9000.00	9000.00	-0-	9000.00	9000.00	-0-
222-22-2222	Mary Doe	3500.00	-0-	3500.00	3000.00	-0-	3000.00	3000.00	2000.00	1000.00	3000.00	3000.00	-0-
Totals for Qtr.		13000.00	2000.00	11000.00	12000.00	9000.00	3000.00	12000.00	11000.00	1000.00	12000.00	12000.00	-0-

11. If this report indicates additional contributions are due, this figure would be Item 10, Column B less Column A. (Make remittance payable to the Division of Employment Security.)
12. If this report indicates a credit is due, this figure would be Item 10, Column A less Column B.
13. Enter the worker's Social Security Account Number.
14. Enter the worker's name (first initial, middle initial and surname) whose wages paid and previously reported for this quarter are to be adjusted.
15. Enter the Total Wages previously reported for the worker for the quarter.
16. Enter the correct Total Wages Paid to the worker for the quarter.
17. Enter the total of all entries made in Items 15 & 16.
18. Enter the difference between Items 15 & 16. If Item 15 is more than Item 16, a minus sign should precede the difference. If Item 15 is less than Item 16, a plus sign should precede the difference.
19. This form must be signed by a responsible and duly authorized person.

If there are more than seven workers' wages to be adjusted, a separate page with the same format as above, including employer name and account number, should be completed. For assistance in completing this form, please call (573) 751-1995.

Mail original of this form to:

ATTN: Employer Accounts Unit
Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104-0059

MODES-4A-2 (12-02) AI

Acceptable Character Sets

Following are the character sets that can be directly read or translated. The translations are shown character for character; i.e., unpacked. EBCDIC is the standard character set used. Every character for each character set is not shown, only the most commonly used characters.

EBCDIC			ASCII-1			ASCII-2		
EBCDIC Char.	Hex Value	Decimal Value	Decimal Value	EBCDIC Char.	HEX Value	Decimal Value	EBCDIC Char.	HEX Value
+O	C0	192	48	0	30	176	0	B0
A	C1	193	49	1	31	177	1	B1
B	C2	194	50	2	32	178	2	B2
C	C3	195	51	3	33	179	3	B3
D	C4	196	52	4	34	180	4	B4
E	C5	197	53	5	35	181	5	B5
F	C6	198	54	6	36	182	6	B6
G	C7	199	55	7	37	183	7	B7
H	C8	200	56	8	38	184	8	B8
I	C9	201	57	9	39	185	9	B9
J	D1	209	65	A	41	193	A	C1
K	D2	210	66	B	42	194	B	C2
L	D3	211	67	C	43	195	C	C3
M	D4	212	68	D	44	196	D	C4
N	D5	213	69	E	45	197	E	C5
O	D6	214	70	F	46	198	F	C6
P	D7	215	71	G	47	199	G	C7
Q	D8	216	72	H	48	200	H	C8
R	D9	217	73	I	49	201	I	C9
S	E2	226	74	J	4A	202	J	CA
T	E3	227	75	K	4B	203	K	CB
U	E4	228	76	L	4C	204	L	CC
V	E5	229	77	M	4D	205	M	CD
W	E6	230	78	N	4E	206	N	CE
X	E7	231	79	O	4F	207	O	CF
Y	E8	232	80	P	50	208	P	D0
Z	E9	233	81	Q	51	209	Q	D1
0	F0	240	82	R	52	210	R	D2
1	F1	241	83	S	53	211	S	D3
2	F2	242	84	T	54	212	T	D4
3	F3	243	85	U	55	213	U	D5
4	F4	244	86	V	56	214	V	D6
5	F5	245	87	W	57	215	W	D7
6	F6	246	88	X	58	216	X	D8
7	F7	247	89	Y	59	217	Y	D9
8	F8	248	90	Z	5A	218	Z	DA
9	F9	249	32	Blank	20	160	Blank	A0
Blank	40	64	39	Apostrophe	27	167	Apostrophe	A7
Hyphen	60	96	45	Hyphen	2D	173	Hyphen	AD
Apostrophe	7D	125		Line Feed	0D			
				Carriage Return	0A			

Federal Information Processing Standard (FIPS 5-2)
Postal Abbreviations and Numeric Codes

State	Abbreviation	Numeric Code
Alabama	AL	01
Alaska	AK	02
Arizona	AZ	04
Arkansas	AR	05
California	CA	06
Colorado	CO	08
Connecticut	CT	09
Delaware	DE	10
District of Columbia	DC	11
Florida	FL	12
Georgia	GA	13
Hawaii	HI	15
Idaho	ID	16
Illinois	IL	17
Indiana	IN	18
Iowa	IA	19
Kansas	KS	20
Kentucky	KY	21
Louisiana	LA	22
Maine	ME	23
Maryland	MD	24
Massachusetts	MA	25
Michigan	MI	26
Minnesota	MN	27
Mississippi	MS	28
Missouri	MO	29
Montana	MT	30
Nebraska	NE	31
Nevada	NV	32
New Hampshire	NH	33
New Jersey	NJ	34
New Mexico	NM	35
New York	NY	36
North Carolina	NC	37
North Dakota	ND	38
Ohio	OH	39
Oklahoma	OK	40
Oregon	OR	41
Pennsylvania	PA	42
Rhode Island	RI	44
South Carolina	SC	45
South Dakota	SD	46
Tennessee	TN	47
Texas	TX	48
Utah	UT	49
Vermont	VT	50
Virginia	VA	51
Washington	WA	53
West Virginia	WV	54
Wisconsin	WI	55
Wyoming	WY	56

Territories & Possessions	Abbreviation
American Samoa	AS
Guam	GU
Puerto Rico	PR
Virgin Islands	VI
Northern Mariana Islands	MP

Military Post Offices (APO & FPO)	Abbreviation
Canada, Europe, Africa and the Middle East	AE
Central America and South America	AA
Alaska and the Pacific	AP
Contingency Operations	AC

ICESA Format

Interstate Conference of Employment Security Agencies, Inc.

444 North Capitol Street, NW, Suite 142 ● Washington, DC 20001-1512
www.icesa.org/

Uniform Format for Quarterly Wage Reporting

By using the ICESA format, an employer can create one tape cartridge or diskette for reporting quarterly wage records and send copies to all states that choose to accept the format. Each state will be able to pull from the media the required information related to employment in that state. The requirements shown in this booklet apply to all states, the District of Columbia, Puerto Rico and the Virgin Islands.

Data Record Descriptions

Transmitter Record: Code A

- Identifies the organization submitting the file.
- Must be the first data record on each tape cartridge and single diskette. (See page 14 for multiple volume diskette requirements).

Authorization Record: Code B

- Identifies the type of equipment used to generate the file.
- Must be the second data record on each tape cartridge and single diskette. (See page 14 for multiple volume diskette requirements).
- Contains the address where the file can be returned if the state is unable to process it. Address entries should be specific enough to ensure proper delivery and must be made precisely according to the specifications.

Employer Record: Code E

- Identifies an employer whose employee wage and tax information is being reported.
- Generated each time it is necessary to change the information in any field on this record.

Employee Record: Code S

- Used to report wage and tax data for an employee.
- Follows its related Code E record; or follows an associated Code S record which in turn follows a related Code E record.
- Not generated if only blanks would be entered after the record identifier.

Name Formats on the Code S Record

- The employee name must agree with the spelling of the name on the individual's social security card.
- Parts of a compound surname must be connected by a hyphen.
- Single-letter prefixes (e.g., "O", "D") must not be separated from the rest of the surname by a blank, but should be connected by an apostrophe.
- Punctuation may be used when appropriate.
- Lower case letters are not acceptable on magnetic media files.
- Do not include any titles in the name.

Money Amounts

- All money fields are strictly numeric and must include dollars and cents with the decimal point assumed.
- Do not use punctuation in money fields.
- Negative (credit) money amounts are <u>not</u> allowed.
- Right justify and zero fill all money fields.
- Enter zeros in a money field that is not applicable.

Total Record: Code T

- Contains the totals for all Code S records reported since the last Code E record.
- Generated for each Code E record.

- See the Employee Wage Record (Code S) description for information about reporting money amounts.

Final Record: Code F

- Indicates the end of the file and <u>must</u> be the last data record.
- Appears only once on each file, after the last Code T record.
- See the Employee Wage Record (Code S) description for information about reporting money amounts.

Multiple-Volume Submission

A multiple-volume diskette is a submission for which the number of data records exceeds the capacity of a single diskette, so the data must be continued on to one or more subsequent diskettes, i.e., volumes. A multiple-volume diskette submission properly begins with a Code A record on volume 1 and ends with a Code F record on the last volume.

Only the file UIWAGE.TXT' on volume 1 of a multiple-volume diskette file should begin with a Code A record. Each volume after volume 1 should contain a file named UIWAGE2.TXT' for the second volume and UIWAGE3.TXT for the third volume, etc. Each file should begin with the record which properly follows the last record on the preceding volume/file. For example, if volume 1 ends with a Code S record, volume 2 begins with the next code S record for that employer.

The external diskette labels for a multiple-volume submission **MUST** indicate the proper sequence (e.g., VOL 2 of 3) for processing.

Technical Specifications – ICESA Diskette Y2K Format
(Diskette)

Diskette

3½ inch, 1.44 MB

Compatibility

PC-DOS or MS-DOS compatible format

Record Length

275 bytes/characters + one character for carriage return and one character for line feed

File Name

UIWAGE.TXT

Data Format

ASCII (each record should end with carriage return and line feed)

External Disk Label

File Name:	UIWAGE.TXT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Format:	ICESA Y2K

(3480, 3490 or 3490E Tape Cartridge)

3480 Cartridge

18 track cartridge

3480, IDRC; 3490 and 3490E Cartridge

36 track cartridge

Logical Record Length

275 bytes/characters

Blocking Factor

85

Physical Record Length

23375 bytes

Data Format

EBCDIC

Internal Tape Cartridge Label

The header and trailer labels must be IBM Standard Label (SL) or IBM Non-Labeled (NL).

File ID:	UIWAGE.TXT

External Tape Cartridge Label

File Name:	UIWAGE.TXT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Format:	ICESA Y2K labeled or ICESA Y2K non-labeled

Record Specifications – ICESA Y2K Format
STANDARD MAGNETIC FORMAT FOR QUARTERLY WAGE REPORTING
(Electronic File Transfer and Magnetic Media)

Some locations/fields are state specific and will be defined by those states as required. Individual states should be contacted for specific information.

DATA TYPES: A/N – Alphanumeric; left justified and blank filled

N – Numeric; right justified, zero filled, unsigned do not include decimal in fields containing dollars and cents

(Required Missouri fields are in red ink and are marked with an asterisk*)

Record Name   <u>A Record – Transmitter Record</u>   Record Length   <u>275 Characters</u>

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A/N	Constant A.
*2-5	Year	4	N	Enter year for which this report is being prepared.
*6-14	Transmitter's Federal EIN	9	N	Transmitter's federal employer ID number. Enter only numeric characters. Omit hyphens, prefixes & suffixes.
*15-18	Taxing Entity Code	4	A	Constant UTAX.
*19-23	Blank	5	A/N	Enter blanks.
*24-73	Transmitter Name	50	A/N	Enter the name of the organization submitting the file.
*74-113	Transmitter Street Address	40	A/N	Enter the street address of the organization submitting the file.
*114-138	Transmitter City	25	A/N	Enter the city of the organization submitting the file.
*139-140	Transmitter State	2	A	Enter the standard two character FIPS postal abbreviation. See page 12.
*141-153	Blank	13	A/N	Enter blanks.
*154-158	Transmitter Zip Code	5	A/N	Enter a valid zip code.
*159-163	Transmitter Zip Code Extension	5	A/N	Use this field as necessary for the four digit extension of the zip code. Include hyphen in position 159. If unknown, fill with blanks.
*164-193	Transmitter Contact	30	A/N	Title of individual from transmitter organization, who is responsible for the accuracy and completeness of the wage report.
*194-203	Transmitter Contact Telephone Number	10	N	Telephone number at which the transmitter contact can be telephoned.
*204-207	Telephone Extension/ Box	4	A/N	Enter transmitter telephone extension or message box.
*208-213	Media Transmitter/ Authorization Number	6	A/N	Identifier assigned to the entity transmitting the file. Enter the first 6 digits of the Missouri employer account number. If you are a payroll service, a transmitter code will be assigned to you.

Location	Field	Length	Type	Description and Remarks
214	C-3 Data	1	A/N	States requiring this data will define. If not required, enter blanks.
215-219	Suffix Code	5	A/N	States requiring this data will define. If not required, enter blanks.
220	Allocation Lists	1	A/N	States requiring this data will define. If not required, enter blanks.
221-229	Service Agent I.D.	9	A/N	States requiring this data will define. If not required, enter blanks.
*230-242	Total Remittance Amounts	13	N	Total amount of payment submitted. The amount entered must be the exact amount of the total of the check(s)/payment(s) submitted. This field must be numeric, right justified and zero filled. (Zeros must be used, do not use blanks or spaces). The decimal point is assumed. If not applicable, enter zeros.
243-250	Media Creation Date	8	N	Enter date: MMDDYYYY.
251-275	Blank	25	A/N	Enter blanks.

Record Name   B Record – Authorization Record   Record Length   275

(Not applicable for Electronic File Transfer)

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	N	Constant B.
*2-5	Payment Year	4	N	Enter the year for which this report is being prepared.
*6-14	Transmitter's Federal EIN	9	N	Enter only numeric characters. Omit hyphens, prefixes and suffixes.
15-22	Computer	8	A/N	Enter the manufacturer's name.
*23-24	Internal Label	2	A	SL – IBM standard label NS – Non-standard label NL – No label AL – ANSI standard label Enter blanks for diskette
*25	Blank	1	A/N	Enter blank.
*26-27	Density	2	N	38 – 38000 BPI IBM 3480 cartridge Enter blanks for diskette
*28-30	Recording Code (Character Set)	3	A	Enter EBC for EBCDIC; ASC for ASCII. Always ASC for diskette.
*31-32	Number of Tracks	2	N	18 – IBM 3480 cartridge Enter blanks for diskette.
*33-34	Blocking Factor	2	N	Enter the blocking factor of the file. The number must be 85. Enter blanks for diskette.
*35-38	Taxing Entity Code	4	A	Constant UTAX.
*39-146	Blank	108	A/N	Enter blanks.
*147-190	Organization Name	44	A/N	The name of the organization to which the media should be returned.

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Location	Field	Length	Type	Description and Remarks
*191-225	Street Address	35	A/N	The street address of the organization to which the media should be returned.
*226-245	City	20	A/N	The city of the organization to which the media should be returned.
*246-247	State	2	A	Enter the standard two character FIPS postal abbreviation. See page 12.
*248-252	Blank	5	A/N	Enter blanks.
*253-257	Zip Code	5	A/N	Enter a valid zip code.
*258-262	Zip Code Extension	5	A/N	Enter four digit extension of zip code, being sure to include the hyphen in position 258. If N/A, enter blanks.
*263-275	Blank	13	A/N	Enter blanks.

Record Name   <u>E Record – Employer Record</u>   **Record Length**   <u>275</u>

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A	Constant E.
*2-5	Payment Year	4	N	Enter the year for which the report is being prepared.
*6-14	Federal EIN	9	N	Enter only numeric characters. Omit hyphens, prefixes and suffixes.
*15-23	Blank	9	A/N	Enter blanks.
*24-73	Employer Name	50	A/N	The first 50 positions of the employer's name, exactly as the employer is registered with the state unemployment insurance agency.
*74-113	Employer Street Address	40	A/N	The street address of the employer.
*114-138	Employer City	25	A/N	The city of employer's mailing address.
*139-140	Employer State	2	A	Enter the standard two character FIPS postal abbreviation of the employer's address. See page 12.
*141-148	Blank	8	A/N	Enter blanks.
*149-153	Zip Code	5	A/N	Enter a valid zip code.
*154-158	Zip Code Extension	5	A/N	Enter four digit extension of zip code, being sure to include the hyphen in position 154. If unknown, enter blanks.
*159	Blank	1	A/N	Enter blank.
160	Type of Employment	1	A/N	Enter the appropriate code: A – Agriculture H – Household M – Military Q – Medicare Qualified Government Emp X – Railroad R – Regular (all others)
*161-162	Blocking Factor	2	N	Enter blocking factor of the file. The number must be 85. Enter blanks for diskette.

Location	Field	Length	Type	Description and Remarks
163-166	Establishment Number or Coverage Group/PRU	4	A/N	Enter either the establishment number or the coverage group/PRU. Otherwise, enter blanks.
*167-170	Taxing Entity Code	4	A	Constant UTAX.
*171-172	State Identifier Code	2	N	Enter the state FIPS postal numeric code for the state to which wages are being reported. See page 12. (29 for Missouri).
*173-187	State Unemployment Insurance Account Number	15	A/N	The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567. Starting from left to right: - First six digits are called 'serial' - Next digit is called 'sub-serial' - Next 3 digits are called 'area' - Next 4 digits are called 'industry' Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank or space unless the employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number. *Example: 345678-0-123-4567 would be shown as 345678Ø1234567 starting in position 173 and ending in position 187. The fifteenth character is a blank or a space. An ER employer would show an alphabetic A, B, C or so forth in position 187 instead of a blank or space. Example: 345678Ø1234567A.*
*188-189	Reporting Period	2	N	Enter the last month of the calendar quarter to which the report applies. 03 – First quarter 06 – Second quarter 09 – Third quarter 12 – Fourth quarter
*190	No Workers/No Wages	1	N	0 – Indicates that the E record will not be followed by S, employee records. 1 – Indicates that the E record will be followed by S, employee records.
191	Tax Type Code	1	A/N	States requiring this data will define. If not required, enter blank.
192-196	Taxing Entity Code	5	A/N	States requiring this data will define. If not required, enter blanks.
197-203	State Control Number	7	A/N	States requiring this data will define. If not required, enter blanks.
204-208	Unit Number	5	A/N	States requiring this data will define. If not required, enter blanks.

Location	Field	Length	Type	Description and Remarks
*209-238	Employer Contact	30		Name of individual in the employer organization the Division may contact. (Not payroll service or transmitter shown in A Record).
*239-248	Employer Contact Telephone Number	10		Enter telephone number of the employer contact.
*249-252	Employer Contact Telephone Extension	4		Enter employer contact telephone extension.
253-255	Blanks	3		
256	Foreign Indicator	1	A/N	If data in positions 74-158 is for a foreign address, enter the letter X. If data is not foreign, enter a blank space.
257	Blank	1	A/N	Enter blank.
*258-266	Other EIN	9	A/N	Enter blanks if no other EIN was used.
*267-275	Payroll Service Code	9	A/N	Enter payroll service code if applicable.

Record Name   <u>S Record – Employee Record</u>   Record Length   <u>275</u>

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A	Constant S.
*2-10	Social Security Number	9	N	Employee's social security number – if not known enter I in position 2 and blanks in position 3-10.
*11-30	Employee Last Name	20	A	Enter employee last name. Left justify and fill with blanks.
*31-42	Employee First Name	12	A	Enter employee first name. Left justify and fill with blanks.
*43	Employee Middle Initial	1	A	Enter employee middle initial. If no middle initial, enter blank.
*44-45	State Code	2	N	Enter the state FIPS postal numeric code for the state to which wages are being reported. See page 12. (29 for Missouri).
*46-49	Blank	4	A/N	Enter blanks.
50-63	State QTR Total Gross Wages	14	N	Enter quarterly wages subject to all taxes. Include all tip income.
*64-77	State QTR Unemployment Insurance Total Wages	14	N	Total wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages paid to a worker include the reasonable cash value of in-kind remuneration. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. Do not report an employee with zero earnings or negative earnings.
*78-91	State QTR Unemployment	14	N	Quarterly wages in excess of the state U.I. taxable wage base. This field must be numeric, right

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Location	Field	Length	Type	Description and Remarks
	Insurance Excess Wages			justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*. If not applicable, enter all zeros.
*92-105	State QTR Unemployment Insurance Taxable Wages	14	N	State QTR U.I. total wages less state QTR U.I. excess wages. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*. If not applicable, enter zeros.
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	States requiring this data will define. If not required, enter zeros.
121-129	Quarterly Tip Wages	9	N	Include all tip income. If not required, enter zeros.
*130-131	Number of Weeks Worked	2	N	The number of weeks worked in the reporting period.
*132-134	Number of Hours Worked	3	N	The number of hours worked in the reporting period.
*135-142	Blank	8	A/N	Enter blanks.
*143-146	Taxing Entity Code	4	A	Constant UTAX.
*147-161	State Unemployment Insurance Account Number	15	A/N	The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567.

The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567.

Starting from left to right:

- First six digits are called 'serial'
- Next digit is called 'sub-serial'
- Next 3 digits are called 'area'
- Next 4 digits are called 'industry'

Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank or space unless the employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number.

Example: 345678-0-123-4567 would be shown as 34567801234567 starting in position 147 and ending in position 161. The fifteenth character is a blank or a space. An ER employer would show an alphabetic A, B, C or so forth in position 161 instead of a blank or space. Example: 34567801234567A.

Location	Field	Length	Type	Description and Remarks
*162-165	Worksite Code	4	A/N	Positions 162-165 are reserved for codes provided by the Missouri Department of Economic Development, Labor Market Information Section. This will be an assigned worksite number for each specific location. Default value is 0000.
166-176	Worksite Description	11	A/N	Positions 166-176 are for employer use. The

Location	Field	Length	Type	Description and Remarks
				employer may use this to identify their worksites, or provide store, plant, etc., numbers.
177-190	State Taxable Wages	14	N	Enter wages subject to state income tax.
191-204	State Income Tax Withheld	14	N	Enter state income tax withheld.
205-206	Seasonal Indicator	2	A/N	States requiring this data will define. If not required, enter blanks.
207	Employer Health Insurance Code	1	A/N	States requiring this data will define. If not required, enter blank.
208	Employee Health Insurance Code	1	A/N	States requiring this data will define. If not required, enter blank.
*209	Probationary Code	1	N	If the worker was employed on a TEST or TRIAL basis and was employed no longer than 28 consecutive calendar days, the value of this code should equal 1. When this code is present, there also must be a separation date. (Location 227-232). Lack of one nullifies this code. If the worker is not probationary, this code is zero.
210	Officer Code	1	A/N	For employees who are officers of the corporation, enter 1. Default value is 0.
211	Wage Plan Code	1	A/N	States requiring this data will define. If not required, enter blank.
*212	Month 1 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period.
*213	Month 2 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 2nd month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 2nd month of the reporting period.
*214	Month 3 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 3rd month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 3rd month of the reporting period.
*215-220	Reporting Quarter and Year	6	N	Enter the last month and year for the calendar quarter for which this report applies.

Example: 032000 for January-March of 2000.

Location	Field	Length	Type	Description and Remarks
*221-226	Date First Employed	6	N	Enter the month and year of the date first employed. *Example: 032000.*
*227-232	Date of Separation	6	N	If this worker is probationary and has separated from your employment, enter this date as month and four digit year.
				Example: 032000
				If the worker is not a probationary worker, enter zeros.
				(Only enter a separation date if the worker is a probationary worker as defined in Location 209).
233-275	Blank	43	A/N	Enter blanks.

Record Name   <u>T Record – Total Record</u>   Record Length   <u>275</u>

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A	Constant T.
*2-8	Total Number of Employees	7	N	The total number of "S" records reported. The total number of "S" records since the last "E" record.
*9-12	Taxing Entity Code	4	A	Constant UTAX.
13-26	State QTR Total Gross Wages For Employer	14	N	Quarterly gross wages subject to all taxes. Total of this field on all "S" records since the last "E" record.
*27-40	State QTR Unemployments Insurance Total Wages for Employer	14	N	Quarterly gross wages subject to state U.I. tax. Include all tip income. Total of this field on all "S" records since the last "E" record. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*.
*41-54	State QTR Unemployment Insurance Excess Wages for Employer	14	N	Quarterly wages in excess of the state U.I. taxable wage base. Total of this field on all "S" records since the last "E" record. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*.
*55-68	State QTR Unemployment Insurance Taxable Wages for Employer	14	N	State U.I. total wages less quarterly state U.I. excess wages. Total of this field on all "S" records since the last "E" record. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*.
69-81	Quarterly Tip Wages for Employer	13	N	Enter all tip income. Total of this field on all "S" records since the last "E" record.
*82-87	U.I. Tax Rate This Quarter	6	N	The employers U.I. tax rate for this reporting period. Decimal point followed by 5 digits, e.g., 2.8% – .02800.
*88-100	State QTR U.I. Taxes Due	13	N	U.I. taxes due. Quarterly state U.I. taxable wages times U.I. tax rate. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*.

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Location	Field	Length	Type	Description and Remarks
*101-111	Previous Quarter(s) Underpayments	11	N	Enter outstanding amounts due from previous quarters or from any enclosed adjustment forms. If not applicable, enter zeros.
*112-122	Interest	11	N	Interest is charged for quarterly reports not filed by the due date. The monthly interest rate is shown on the Contribution and Wage Report. Multiply the interest rate by the contributions due. Enter interest charge amount. If not applicable, enter zeros.
123-133	Penalty	11	N	States requiring this data will define. If not required, enter zeros.
*134-144	Credit/Overpayment	11	N	Enter outstanding credit amounts from previous quarters or from any enclosed adjustment forms. If not applicable, enter zeros.
145-148	Employer Assessment Rate	4	A/N	States requiring this data will define. If not required, enter blanks.
*149-159	Employer Assessment Amount	11	N	If applicable, the paper copy of the Contribution and Wage Report will show an amount due for interest assessment. This is your portion of the interest charges assessed to all employers because the Missouri Unemployment Insurance Trust Fund received advances from the federal government to pay unemployment benefits. Enter your interest assessment amount. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. If not applicable, enter zeros.
160-163	Employee Assessment Rate	4	A/N	States requiring this data will define. If not required, enter blanks.
164-174	Employee Assessment Amount	11	N	States requiring this data will define. If not required, enter zeros.
*175-185	Total Payment Due	11	N	Balance due. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. If not applicable, enter zeros.
*186-198	Amount Remitted	13	N	Total amount of payment submitted. The amount entered must be the exact amount of the check(s)/payment(s) submitted for each account. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. If not applicable, enter zeros.
199-212	Wages Subject to State Income Tax	14	N	States requiring this data will define. If not required, enter zeros.
213-226	State Income Tax Withheld	14	N	States requiring this data will define. If not required, enter zeros.
*227-233	Month 1 Employment for Employer	7	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay

Location	Field	Length	Type	Description and Remarks
				period including the 12th day of the 1st month of the reporting period. Total of this field on all "S" records since the last "E" record.
*234-240	Month 2 Employment for Employer	7	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Total of this field on all "S" records since the last "E" record.
*241-247	Month 3 Employment for Employer	7	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Total of this field on all "S" records since the last "E" record.
248-250	County Code	3	A/N	States requiring this data will define. If not required, enter blanks.
251-257	Outside County Employees	7	A/N	States requiring this data will define. If not required, enter blanks.
258-267	Document Control Number	10	A/N	States requiring this data will define. If not required, enter blanks.
268-275	Blank	8	A/N	Enter blanks.

Record Name   F Record – Final Record   Record Length   275

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A/N	Constant F.
*2-11	Total Number of Employees in File	10	N	Enter the total number of "S" records in the entire file.
*12-21	Total Number of Employers in File	10	N	Enter the total number of "E" records in the entire file.
*22-25	Taxing Entity Code	4	A/N	Constant UTAX.
26-40	Quarterly Total Gross Wages in File	15	N	Quarterly gross wages subject to all taxes. Total of this field for all "S" records in the file.
*41-55	Quarterly State U.I. Gross/Total Wages in File	15	N	Quarterly gross wages subject to state U.I. Tax. Include all tip income. Total of this field on all "S" records in the file. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_.
*56-70	Quarterly State U.I. Excess Wages in File	15	N	Quarterly wages in excess of the state U.I. taxable wage base. Total of this field on all "S" records in the file. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_.
*71-85	Quarterly State U.I. Taxable Wages in File	15	N	State U.I. gross wages less quarterly state U.I. excess wages. Total of this field on all "S" records

Location	Field	Length	Type	Description and Remarks
				in the file. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*.
86-100	Quarterly State Disability Insurance Taxable Wages in File	15	N	States requiring this data will define. If not required, enter zeros.
101-115	Quarterly Tip Wages in File	15	N	Enter all tip income. Total of this field on all "S" records in the file.
*116-123	Month 1 Employment for Employers in File	8	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 1st month of the reporting period. Total of this field on all "S" records in the file.
*124-131	Month 2 Employment for Employers in File	8	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 2nd month of the reporting period. Total of this field on all "S" records in the file.
*132-139	Month 3 Employment for Employers in File	8	N	Total number of full or part-time employees covered by U.I. who worked or received pay for the pay period including the 12th day of the 3rd month of the reporting period. Total of this field on all "S" records in the file.
*140-275	Blank	136	A/N	Enter blanks.

Technical Specifications – Diskette ICESA Y2K
"S" Record Format
(Diskette Filing)

Diskette

3½ inch, 1.44 MB

Compatibility

PC-DOS or MS-DOS compatible format.

Record Length

275 bytes/characters + one character for carriage return and one character for line feed

File Name

UIWAGE.TXT

Data Format

ASCII (each record should end with carriage return and line feed)

External Disk Label

File Name:	UIWAGE.TXT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Format:	Y2K
Records:	ICESA "S" records only

Record Specifications – Diskette ICESA Y2K "S" Record Format

This format is only available to employers using diskette.

By using the "S" record only, an employer can use a portion of the ICESA format to report quarterly wage data on a diskette. The remaining ICESA records (A record, B record, E record, T record and F record) will not be required. **However, the employer must advise the division of the intent to use just the S record. The employer also must properly label the magnetic media.** The MODES-4, Missouri Quarterly Contribution and Wage Report should be submitted. Items 1 through 14 should be completed. The quarterly report and any remittance should be packaged with the magnetic media.

(Required Missouri fields are in red ink and are marked with an asterisk*)

Record Name   <u>S Record – Employee</u>   Record Length   <u>275</u>

Location	Field	Length	Type	Description and Remarks
*1	Record Identifier	1	A	Constant S.
*2-10	Social Security Number	9	N	Employee's social security number. If not known, enter I in position 2 and blanks in positions 3-10.
*11-30	Employee Last Name	20	A	Enter employee last name. Left justify and fill with blanks.
*31-42	Employee First Name	12	A	Enter employee first name. Left justify and fill with blanks.
*43	Employee Middle Initial	1	A	Enter employee middle initial. If no middle initial, enter blank.
*44-45	State Code	2	N	Enter the state FIPS postal numeric code for the state to which wages are being reported. (29 for Missouri).
*46-49	Blank	4	A/N	Enter blanks.
50-63	State QTR Total Gross Wages	14	N	Enter quarterly wages subject to all taxes. Include all tip income.
*64-77	State QTR Unemployment Insurance Total Wages	14	N	Total wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages paid to a worker include the reasonable cash value of in-kind remuneration. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. Do not report an employee with zero earnings or negative earnings.
*78-91	State QTR Unemployment Insurance Excess Wages	14	N	Quarterly wages in excess of the state U.I. taxable wage base. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. If not applicable, enter all zeros.
*92-105	State QTR Unemployment Insurance Taxable Wages	14	N	State QTR U.I. total wages less state QTR U.I. excess wages. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. If not applicable, enter zeros.

Location	Field	Length	Type	Description and Remarks
106-120	Quarterly State Disability Insurance Taxable Wages	15	N	States requiring this data will define. If not required, enter zeros.
121-129	Quarterly Tip Wages	9	N	Include all tip income. If not required, enter zeros.
*130-131	Number of Weeks Worked	2	N	The number of weeks worked in the reporting period.
*132-134	Number of Hours Worked	3	N	The number of hours worked in the reporting period.
*135-142	Blank	8	A/N	Enter blanks.
*143-146	Taxing Entity Code	4	A	Constant UTAX.
*147-161	State Unemployment Insurance Account Number	15	A/N	The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567.
				Starting from left to right:
				● First six digits are called 'serial'
				● Next digit is called 'sub-serial'
				● Next 3 digits are called 'area'
				● Next 4 digits are called 'industry'
				Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank or space unless the employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number.
				Example: 345678-0-123-4567 would be shown as 345678Ø1234567 starting in position 147 and ending in position 161. The fifteenth character is a blank or a space. An ER employer would show an alphabetic A, B, C or so forth in position 161 instead of a blank or space. Example: 345678Ø1234567A.
*162-165	Worksite Code	4	A/N	Positions 162-165 are reserved for codes provided by the Missouri Department of Economic Development, Labor Market Information Section. This will be an assigned worksite number for each specific location. Default value is 0000.
166-176	Worksite Description	11	A/N	Positions 166-176 are for employer use. The employer may use this to identify their worksites, or provide store, plant, etc., numbers.
177-190	State Taxable Wages	14	N	Enter wages subject to state income tax.
191-204	State Income Tax Withheld	14	N	Enter state income tax withheld.
205-206	Seasonal Indicator	2	A/N	States requiring this data will define. If not required, enter blanks.
207	Employer Health Insurance Code	1	A/N	States requiring this data will define. If not required, enter blank.

Location	Field	Length	Type	Description and Remarks
208	Employee Health Insurance Code	1	A/N	States requiring this data will define. If not required, enter blank.
*209	Probationary Code	1	N	If the worker was employed on a TEST or TRIAL basis and was employed no longer than 28 consecutive calendar days, the value of this code should equal 1. When this code is present, there also must be a separation date. (Location 227-232). Lack of one nullifies this code. If the worker is not probationary, this code is zero.
210	Officer Code	1	A/N	For employees who are officers of the corporation, enter 1. Default value is 0.
211	Wage Plan Code	1	A/N	States requiring this data will define. If not required, enter blank.
*212	Month 1 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period.
*213	Month 2 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period.
*214	Month 3 Employment	1	N	Enter 1 if full or part-time employee covered by U.I. worked during or received pay for the pay period including the 12th day of the 1st month of the reporting period.
				Enter 0 if employee covered by U.I. did not work and received no pay for the pay period including the 12th day of the 1st month of the reporting period.
*215-220	Reporting Quarter and Year	6	N	Enter the last month and year for the calendar quarter for which this report applies. *Example: 032000 for January-March of 2000.*
*221-226	Date First Employed	6	N	Enter the month and year of the date first employed. *Example: 032000.*
*227-232	Date of Separation	6	N	If this worker is probationary and has separated from your employment, enter this date as month, and four digit year. *Example: 032000* If the worker is not a probationary worker, enter zeros. (Only enter a separation date if the worker is a probationary worker as defined in Location 209).
233-275	Blank	43	A/N	Enter blanks.

Missouri Format

Technical Specifications – 72 Character Files
(31/2 Diskette)

Diskette

3½ inch, 1.44 MB

Compatibility

PC-DOS or MS-DOS compatible format

Data Format

ASCII (Each record should end with carriage return and line feed) (Data **must** be ASCII Format)

Record Length

72 bytes/characters + one character for carriage return and one character for line feed

File Name

WAGE.DAT

External Disk Label

File Name:	WAGE.DAT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Logical Record Length:	72

(3480, 3490 or 3490E Tape Cartridge)

3480 Cartridge

18 track cartridge

3480, IDRC; 3490 and 3490E Cartridge

36 track cartridge

Logical Record Length

72 bytes/characters

Blocking Factor

25

Physical Record Length

1800 bytes

Data Format

EBCDIC

Internal Tape Cartridge Label

The header and trailer labels must be IBM standard label (SL) or IBM non-labeled (NL).

File ID:	WAGE.DAT

External Tape Cartridge Label

File Name:	WAGE.DAT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Logical Record Length:	72 labeled or 72 non-labeled

Missouri Format
Record Specifications – 72 Character Files
(Electronic File Transfer and Magnetic Media)

IDENTIFICATION

Record Name   <u>Wage Record</u>   File Name   <u>WAGE.DAT</u>
Record Number   <u>Diskette (or) Tape Cartridge</u>   File Number   <u>Ø 5 Ø 1 B</u>
Record Type   <u>Fixed</u>

DEFINITION

Field Name	Field Sequence	Item Type*	No. of Characters	Usage	No. of Bytes	Decimal Position	Field
Identification Code	1	N	1	Display	1		4
Social Security No.	2	N	9	Display	9		
Employer Acct. No.	3	AN		Display	15		
Serial			6				
Sub-serial			1				
Area			3				
Industry			4				
ER			1				
Quarter-Year	4	N		Display	3		QYY
Quarter			1				
Year			2				
Employee Name				Display			
First Name	5	A	9		9		
Surname	6	A	16		16		
Earnings	7	N	9	Display	9	2	
Flag Code	8	N	1	Display	1		
Separation	9	N	6	Display	6		MMDDYY
Filler	10	N	3	Display	3		
TOTALS			72		72		

* N = numeric   A = alphabetic   AN = alphanumeric

● For diskette only, each record should end with one character for carriage return and one character for line feed.

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EDITING

| Record Name | Wage Record | | Length | 72 Characters |

Location	Field	Length	Description and Remarks
1	Identification Code	1	Value must equal 4 in order to assure proper processing.
2-10	Social Security Number	9	Nine digit social security number. If not available, enter zeros. (Do not enter dashes.)
11-25	Employer Account Number	15	The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567.

Starting from left to right:

- First six digits are called 'serial'
- Next digit is called 'sub-serial'
- Next 3 digits are called 'area'
- Next 4 digits are called 'industry'

Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank or space unless the employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number.

Example: 345678-0-123-4567 would be shown as 345678Ø1234567 starting in position 11 and ending in position 25. The fifteeneth character is a blank or a space. An ER employer would show an alphabetic A, B, C or so forth in position 25 instead of a blank or space.
Example: 345678Ø1234567A.

Location	Field	Length	Description and Remarks
26-28	Quarter/Year	3	Quarter and year for which these earnings apply. Example: Earnings for the first quarter 2001 would be shown as 101.
29-37	First Name	9	Employee's first name (as many as 9 characters) is left justified.
38-53	Last Name	16	Employee's last name (as many as 16 characters) is left justified.
54-62	Earnings	9	Total wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages paid to a worker includes the reasonable cash value of in-kind remuneration. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is *assumed*. Do not report an employee with zero earnings or negative earnings.
63	Probationary Code	1	If the worker was employed on a TEST or TRIAL basis and was employed no longer than 28 consecutive calendar days, the value of this code should equal 1. When this code is present, there also must be a separation date. Lack of one nullifies this code. If the worker is not probationary, this code is zero.
64-69	Separation Date	6	If this worker is a probationary worker and has separated from your employment, enter this date as month, day and two digit year. *Example: 012900.*
			If the worker is not a probationary worker, enter zeros. (**Only enter** a separation date if the worker is a probationary worker as defined above in Field 63).
70-72	Filler	3	Value is zeros.

SSA/MMREF/Federal Format

Technical Specifications – 512 Character Files
(31/2 Diskette)

Diskette

3½ inch, 1.44 MB

Compatibility

PC-DOS or MS-DOS compatible format

Data Format

ASCII (Each record should end with carriage return and line feed)
(Data **_must_** be ASCII Format)

Record Length

512 bytes/characters + one character for carriage return and one character for line feed

File Name

WAGE.DAT

External Disk Label

File Name:	WAGE.DAT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Logical Record Length:	512

(3480, 3490 or 3490E Tape Cartridge)

3480 Cartridge

18 track cartridge

3480, IDRC; 3490 and 3490E Cartridge

36 track cartridge

Logical Record Length

512 bytes/characters

Blocking Factor

63

Physical Record Length

32256 bytes

Data Format

EBCDIC

Internal Tape Cartridge Label

The header and trailer labels must be IBM Standard Label (SL) or IBM Non-labeled (NL).

File ID:	WAGE.DAT

External Tape Cartridge Label

File Name:	WAGE.DAT
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*
Logical Record Length:	512 labeled or 512 non-labeled

SSA/MMREF/Federal Format
Record Specifications – 512 Character Files
(Electronic File Transfer and Magnetic Media)

Record Name   <u>Code RS - State Record</u>   Length   <u>512 Characters</u>

(Required Missouri fields are in red ink and are marked with an asterisk*)

Location	Field	Length	Description and Remarks
*1-2	Record Identifier	2	Constant 'RS'
*3-4	State Code	2	Constant '29'
5-9	Taxing Entity Code	5	If not applicable, enter blanks.
*10-18	Social Security Number	9	Nine digit social security number. If not available, enter zeros in fields 10-18. (Do not enter dashes).
*19-33	Employee First Name	15	Enter the first name of the employee. Left justify and fill with blanks.
*34-48	Employee Middle Name or Initial	15	If applicable, enter the employee's middle name or initial. Left justify and fill with blanks.
*49-68	Employee Last Name	20	Enter the last name of the employee. Left justify and fill with blanks.
69-72	Suffix	4	If applicable, enter an alphabetic suffix. Left justify and fill with blanks.
73-94	Location Address	22	Enter the location address for the employee name. Left justify and fill with blanks.
95-116	Delivery Address	22	Left justify and fill with blanks.
117-138	City	22	Enter the employee's city. Left justify and fill with blanks.
139-140	State Abbreviation	2	Enter the postal abbreviation. For a foreign address, leave blank.
141-145	Zip Code	5	Enter a valid zip code.
146-149	Zip Code Extension	4	Use this field for the four-digit extension of the zip code.
150-154	Blank	5	Leave blank. Reserved for SSA use.
155-177	Foreign State/Province	23	If applicable, enter the foreign state/province. Left justify and fill with blanks.
178-192	Foreign Postal Code	15	If applicable, enter the foreign postal code. Left justify and fill with blanks.
193-194	Country Code	2	Same as SSA Pub. MMREF-1.
*195-196	Probationary Code	2	If the worker was employed on a TEST or TRIAL basis and was employed no longer than 28 consecutive days, the value of this code should equal 1. When this code is present, there must also be a separation date. Lack of one nullifies this code. If the worker is not probationary, this code is zero. Right justify and zero fill. *Example: 00 or 01.*
*197-202	Reporting Period	6	Enter the last month and 4 digit year for the calendar quarter for which this report applies. *Example: 032000 for January-March of 2000.*

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Location	Field	Length	Description and Remarks
*203-213	State Quarterly Unemployment Insurance Total Wages	11	Total wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages include the reasonable cash value of in-kind remuneration. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is _assumed_. Do not report an employee with zero earnings or negative earnings.
214-224	State Quarterly Unemployment Insurance Taxable Wages	11	State U.I. total wages less quarterly state U.I. excess wages. This field must be numeric, right justified and zero filled. (Zeros must be used. Do not use blanks or spaces). The decimal point is assumed.
225-226	Number of Weeks Worked	2	Enter the number of weeks worked.
227-234	Date First Employed	8	Enter the month, day and four digit year. _Example: 01042000_
*235-242	Date of Separation	8	If this worker is probationary and has separated from your employment, enter this date as month, day and four digit year. _Example: 01292000_ If the worker is not a probationary worker, enter zeros. (Only enter a separation date if the worker is a probationary worker as defined in Fields 195-196).
243-247	Blank	5	Leave blank. Reserved for SSA use.
*248-262	State Employer Account Number	15	The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567. Starting from left to right: • First six digits are called 'serial' • Next digit is called 'sub-serial' • Next 3 digits are called 'area' • Next 4 digits are called 'industry' Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank or space unless the employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number. _Example: 345678-0-123-4567 would be shown as 345678Ø1234567 starting in position 248 and ending in position 262. The fifteenth character is a blank or space._ _An ER employer would show an alphabetic A, B, C or so forth in position 262 instead of a blank or space._ _Example: 345678Ø1234567A._
263-512		250	Remaining fields are for income tax purposes only.

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Spreadsheet Format: Magnetic Media

Technical Specifications Diskette – Spreadsheet Files

Diskette

3½ inch, 1.44 MB

Compatibility

PC-DOS or MS-DOS compatible format

Record Length

8 Columns
Maximum 100 bytes

File Name

WAGE

External Diskette Label

File Name:	WAGE
Account Number(s):	*The 14 digit Missouri employer account number(s)*
Employer Name(s):	*The employer name(s) as registered with the division*
Quarter & Year:	*The quarter and year you are submitting*

Columns must be delimited by a comma, semi-colon or a tab. Do NOT use a space. Do not use headers or footers on columns.

Record Specifications Diskette – Spreadsheet Files

Location	Field	Description and Remarks
Column A	Social Security Number	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH ZERO DECIMAL PLACES.***
		Nine digit social security number. If not available, enter zeros. **DO NOT ENTER DASHES.**
Column B	Employer Account Number	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH ZERO DECIMAL PLACES.***
		Fourteen or fifteen character field.

The MODES-4, Missouri Quarterly Contribution and Wage Report sent each quarter will have the account number printed in item 2. The account number will be in this format: 345678-0-123-4567.

Starting from left to right:

- First six digits are called 'serial'
- Next digit is called 'sub-serial'
- Next 3 digits are called 'area'
- Next 4 digits are called 'industry'

Under the Employer Account Number, there is a 1-character item called 'ER' in the fifteenth position of the field. The value for 'ER' must always be blank unless employer has applied for and been granted permission to report under the 'Establishment Reporting' plan. If reporting under 'Establishment Reporting', the employer will be given an alphabetic letter ranging from "A" to "Z". This letter will be the 'ER' part of the Employer Account Number.

Example: 345678-0-123-4567 would be shown as 345678Ø1234567. **DO NOT ENTER DASHES.**

An ER employer would show an alphabetic A, B, C or so forth as the fifteenth character. *Example: 345678Ø1234567A.*

Location	Field	Description and Remarks
Column C	Quarter/Year	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH ZERO DECIMAL PLACES.***
		Quarter and year for which these earnings apply. (Three digit field).
		Earnings for the second quarter of 2000 would be shown as 200.
Column D	First Name	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS TEXT.***
		Employee's first name. DO NOT INCLUDE PUNCTUATION.
Column E	Last Name	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS TEXT.***
		Employee's last name. DO NOT INCLUDE PUNCTUATION.
Column F	Earnings	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH TWO DECIMAL PLACES.***
		Total wages for a worker are gross wages before deductions except federally allowed cafeteria deductions. Total wages paid to a worker includes the reasonable cash value of in-kind remuneration. Do not report an employee with zero earnings or negative earnings. Do not use a $ sign or a comma in the earnings. However, you must enter a decimal point.
Column G	Probationary Code	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH ZERO DECIMAL PLACES.***
		If the worker was employed on a TEST or TRIAL basis and was employed no longer than 28 consecutive days, the value of this code should equal 1. When this code is present, there must also be a separation date. Lack of one nullifies this code. If the worker is not probationary, this code is zero.
Column H	Separation Date	***THE CELLS IN THIS FIELD SHOULD BE FORMATTED AS NUMERIC WITH ZERO DECIMAL PLACES.***
		If this worker is a probationary worker and has separated from your employment, enter this date as month, day and two digit year (MMDDYY). *Example: 012900.*
		If this worker is not a probationary worker, enter zeros. (Only enter a separation date if the worker is a probationary worker as defined in Location G).

Directory of State Contacts

Alabama
(205) 242-8459

Alaska

Arizona
(602) 542-3515

Arkansas
(501) 682-3253

California
(916) 654-6845

Colorado
(303) 620-4790

Connecticut

Delaware

District of Columbia

Florida
(904) 921-3284

Georgia
(404) 656-6244

Hawaii
(808) 586-9075
(808) 586-8982

Idaho
(208) 334-6363

Illinois
(312) 793-7556

Indiana

Iowa
(515) 281-5339

Kansas
(913) 296-5067

Kentucky
(502) 564-2168

Louisiana

Maine
(207) 287-1244

Maryland
(410) 767-2530

Massachusetts
(617) 621-5016

Michigan

Minnesota
(612) 297-5260

Mississippi
(601) 961-7768

Missouri
(573) 751-3422
(573) 751-2271
dnilges@dolir.state.mo.us

Montana
(406) 444-4269

Nebraska
(402) 471-3407

Nevada
(702) 687-3755
(702) 687-4487

New Hampshire

New Jersey
(609) 633-2154

New Mexico
(505) 841-8559

New York

North Carolina
(919) 733-7395

North Dakota

Ohio

Oklahoma
(405) 557-7172

Oregon
(503) 378-3524 ext. 270

Pennsylvania
(717) 783-5802

Puerto Rico

Rhode Island

South Carolina
(803) 737-3080

South Dakota
(605) 622-2317

Tennessee
(615) 741-3121

Texas
(512) 463-2508

Utah

Vermont
(802) 828-4225

Virgin Islands

Virginia
(804) 786-1159

Washington
(206) 586-4863

West Virginia
(304) 558-2662

Wisconsin
(608) 267-2975

Wyoming

Glossary

AGENT – An organization (e.g., service bureau, parent company) authorized to submit wage and tax reports for one or more employers.

ASCII (American Standard Code for Information Interchange) – One of the acceptable character sets (See page 11) used for electronic processing of data.

BLOCK – PHYSICAL RECORD.

BLOCK DESCRIPTOR WORD (BDW) – A control field used in electronic data processing to identify the length of a physical record on a magnetic tape. The BDW usually precedes the physical record.

BPI – Bytes per inch. Same as CPI.

BYTE – A computer unit of measure; one byte contains eight bits and can store one character.

CHARACTER – A letter, number of punctuation symbol.

CHARACTER SET – A group of unique electronic definitions for all letters, numbers and punctuation symbols; example: EBCDIC, ASCII.

CHARACTERS PER INCH (CPI) – The number of characters recorded per inch on magnetic tape.

CONTROL WORD – One or more bytes/characters used in electronic data processing for internal processing instructions.

CPI – Characters per inch.

DECIMAL VALUE – A character's equivalent in a numbering system using base 10.

EBCDIC (Extended Binary Coded Decimal Interchange Code) – One of the acceptable character sets used for electronic processing of data. See page 11.

EIN – Employer Identification Number.

EMPLOYER IDENTIFICATION NUMBER – A nine digit number assigned by the IRS to an organization for federal tax reporting purposes. This number never begins with 69.

FILE (Multi-reel/Multiple Volume) – Multiple reel tape files should not be submitted. If the amount of information to be filed exceeds the capacity of a single reel, a second or additional reel can be filed. Each file must begin with a Code A record and end with a Code F record. However, multiple volume diskette files are acceptable. (See page 14).

HEADER LABELS – Sets of records that precede data records on a magnetic tape file.

HEXADECIMAL – A numbering system using base 16 rather than base 10.

INTERNAL LABELS – Sets of records that precede (i.e., header labels) and follow (i.e., trailer labels) data records on a magnetic tape file.

LOGICAL RECORD – For the purpose of this booklet, any of the required or optional records defined.

OCTAL – A numbering system using base 8 rather than base 10.

PHYSICAL RECORD – A number of logical records grouped and written together as a single unit on a

magnetic tape. The number of logical records contained in a physical record depends on the record format used for reporting.

RECORD DESCRIPTOR WORD (RDW) – A control field used in electronic processing to identify the length of a logical record. The RDW usually precedes the logical record.

RECORDING CODE – Same as CHARACTER SET.

STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER – An employer identification number assigned by a State to an employer for the purposes of filing Unemployment Insurance wage and tax reports to State agencies.

TAPEMARK – A single-character control record used for separating internal labels and files on magnetic tape.

TRAILER LABELS – Sets of records that follow data records on a magnetic tape file.

TRANSMITTER – Person, organization, or reporting agent submitting a magnetic media file.

RELAY MISSOURI SERVICE:

Voice User Calling A Hearing/Speech Impaired User
1-800-735-2466
Hearing/Speech Impaired User Calling A Voice User
1-800-735-2966